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(Re	equestor's Name)	,
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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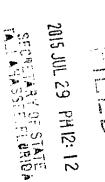
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UUL 3.1 2014 C. CARROTHERS



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Johnson's United LLC Name of Limited Liabili Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kiesha Johnson Name of Person
Johnson's United
4906 Terrapin Blvd
Saint Cloud, FL 34771 City/State and Zip Code Kjohnson 626 @ amail. com E-mail address: (to be used for Adture annual report notification)
For further information concerning this matter, please call:
Kiesha Johnson at (407) 288.3614 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum{\$125.00 \text{ Filing Fee}}\$ \sum{\$\$130.00 \text{ Filing Fee & Certificate of Status}}\$ \sum{\$\$Certified \text{ Copy} (additional copy is enclosed)}\$ \sum{\$\$Certified \text{ Copy} (additional copy is enclosed)}\$
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Johnson's Unite (Must end with the words "Limited Liabi	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4906 Terrapin Blvd.	same
Saint Cloud, FL 34771	<u> </u>
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Regist another business entity with an active Florida registration.) The name and the Florida street address of the registered agent	stered Agent. You must designate an individual or
<u>Kiesha</u>	Johnson
H906 Tevr	D. Box NOT acceptable)
Saint Cloud	FL <u>34771</u>
City	State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Registered Agent/s Signature (REQUIRED)

Page 1 of 2

2015 JUL 29 PH 12: 12

<u>Fitle:</u> 'AMBR" = Authorized Member	Name and Address:
MGR" = Manager Manager	Kiesha Johnson
1 languer	4906 Terrapin Blvd.
M	Saint Cloud, FL 34771
Manager	Michael Johnson 4906 Terrapin Blvd
	Saint Cloud; FL 34771
V: Effective date, if other than tive date is listed, the date mus filing.)	he date of filing:, (OPTIONAL) t be specific and cannot be more than five business days prior to or
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